PTO/SB/17 (12-04v2)
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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Doc apenwork Reduction Apply 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Under the F 12/08/2004. Complete if Known

es pursuant to the Consolidated Appropriatons Act, 2005 (H.R. 4818).			
• • • • • • • • • • • • • • • • • • • •	Application Number	10/785,214	
FEE TRANSMITTAL	Filing Date	02/24/2004	
for FY 2005	First Named Inventor	Burchette, Jr.	
	Examiner Name	V. U Brown	
Applicant claims small entity status. See 37 CFR 1.27	Art Unit	2635	

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30924-01 Attorney Docket No. TOTAL AMOUNT OF PAYMENT \$25.00 METHOD OF PAYMENT (check all that apply) ☐ Credit Card ☐ Money Order L Check None → Other (please identify): Deposit Deposit Account Number: 08-0719 Deposit Account Name: Nexsen Pruet, LLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or any underpayment of Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES** SEARCH FEES Small Entity **Small Entity Small Entity** Fee (\$) Fee (\$) Fee (\$) Fees Paid(\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) 300 150 500 250 200 100 Utility 200 100 100 50 130 65 Design 160 80 200 100 300 150 Plant 600 300 300 150 500 250 Reissue 200 100 0 0 0 Provisional 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$) **Fee Description** 25 Each claim over 20 (including Reissues) 50 200 100 Each independent claim over 3 (including Reissues) 180 360 Multiple dependent claims **Multiple Dependent Claims** Fee Paid (\$) Extra Claims Fee (\$) Fee Paid (\$) Fee (\$) Total Claims - 20 or HP = \$25.00 1 \$25.00 X HP = highest number of total claims paid for, if greater than 20. Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims - 3 or HP = ____ x ____\$100.00_ HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listing under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Fee Paid (\$) Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) **Total Sheets** ____ (round up to a whole x _\$125.00 \$0.00 - 100 = / 50 Fee Paid (\$) 4. OTHER FEE(S) Non-English specification, \$130 fee (no small entity discount) Other (e.g., late filing syrchafge):

SUBMITTED BY	7						
Signature (WK.	root	1200	Registration No. (Attorney/Agent)	31,404	Telephone	864/ 370- 2211
Name (Print/Type)	7/ '		J. Herbert O	Toole		Date	02/16/2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Robert Lee Burchette Jr.

Attorney Docket: 30924-001

Serial No.:

10/785,214

Examiner: V U Brown

Filing Date:

February 24, 2004

Group Art Unit: 2635

Title:

FINGERPRINT VEHICLE

ACCESS SYSTEM

Confirmation No.: 8815

RESPONSE UNDER 37 CFR 1.112

Mail Stop Fee Amendment Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450

Dear Sir:

In response to the Office Action dated 18 October 2005, the period for response being extend by the attached petition, pleased enter the following amendments.

Amendments to the claims commence at page 2 of this paper

Remarks commence at page 6 of this paper.

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